

## Title VI Transparency and Program Integrity

No.	Sect.	Pg.	Effective Date	Description	Issues	Involved Stakeholders	Action Items	CMS Clarification Request Date	CMS Clarification	Action Deadline	Responsible Person to Initiate Action	Follow up Date/Notes
1	6403	649	1/1/2010	Reducing period for submission of Medicare claims from 3 years to 1 year for services furnished after January 1, 2010;	Provider education, identify system impact	Provider Support, fiscal agent, MMIS Unit	Coordinate with fiscal agent to arrange web-announcements, talk with MMIS unit to identify if any system issues need to be addressed	NA	NA		Jennifer	Completed- DHCFCP already complies
2	6407	651	1/1/2010	Face to face physician encounter required for home health or DME	Will there be system edits in place to check for an F2F within a certain number of days prior to PA? Who will monitor?	DME Program Specialist Home Health Program Specialist Provider Support Fiscal Agent	Will require DME chapter changes, MMIS system edits and Home Health manual changes.	7/15/2010	Is the face to face requirement necessary for issuing scripts for DME products and authorizing home health services?		Jennifer	Program Staff/DME are aware and policy changes are going through.
3	6406	651	1/1/2010	Requires physicians to provide documentation on referrals for programs at high risk of waste and abuse; DHHS may revoke enrollment if provider doesn't provide access to documentation related to written orders or requests for payment	Unknown- Provider Support may need to get the results and take appropriate action	Provider Support Fiscal Agent	Unknown at this time	7/15/2010	How will the states be notified if the physicians are going to be revoked? Is this revocation permanent, how will states know to re-enroll?	NA	NA	
4	6504	658	1/1/2010	MCO's must report expanded set of data elements to report fraud, waste, and abuse.	May require a contract change	Business Lines SURS	Discuss with Business Lines and MMIS. MMIS may need to update system to capture new data elements.	7/15/2010	What is the expanded set of data elements?		Jennifer	Business Lines is aware of the MCO requirements and believes that the MCO's are in compliance. Further clarification is needed from CMS as to specific elements, but as of November 1, MCO just need to have the data available to provide to CMS.
5	6504	658	1/1/2010	Requires additional data elements in MMIS	MMIS may need to update system to capture new data elements.	MMIS	Schedule meeting with MMIS	7/15/2010	What is the expanded set of data elements?	Still waiting for the expanded set of elements to be defined.	Jennifer	

DHC FP MANDATES

No.	Sect.	Pg.	Effective Date	Description	Issues	Involved Stakeholders	Action Items	CMS Clarification Request Date	CMS Clarification	Action Deadline	Responsible Person to Initiate Action	Follow up Date/Notes
6	6506	659	3/23/2010	Requires the Secretary to promulgate regulations requiring states to correct federally identified overpayments of an ongoing or recurring nature with new Medicaid Management Information System (MMIS) edits, audits or other appropriate corrective action. 60 day rule extended to one year.	Will affect the time frame for reporting.	Accounting SURS	Need to revise the recoupment template. Accounting will need to create a process to not repay the federal share at the time the provider's negative balance is set up.	7/15/2010	How do States differentiate between a fraud overpayment and other overpayments in MMIS		Michelle	
7	6403	648	3/23/2010	Sunsets the Healthcare Integrity and Protection Data Bank (HIPDB) and transitions to having the National Practitioner Data Bank (NPDB) serve as the central repository for information about adverse actions taken against health care providers. Beefs up state reporting requirements. Transition period begins 3/23/10	Get access to NPDB	SURS Provider Support BHCQC ? Fiscal Agent	Establish access to NPDB	NA	NA		Jennifer	Had conference call and learned that there is a significant charge to gain access, as well as the data availability is limited. DHC FP will not be pursuing.
8	6507	660	10/1/2010	Incorporate the NCCI edits and ensure NCCI is used on all claims	Does the Billing Manual need to be updated? Does Claim Check already do this	IT Provider Support Fiscal Agent	Schedule meeting with MMIS and fiscal agent	NA	NA		Jennifer	Per Mel, system was updated end of July- Policy changed and is going to Public Hearing in December
9	6401	629/ 632	10/23/2010	DHHS Secretary to issue procedures for Provider Enrollment Screening-Authorizes payment adjustments for providers and suppliers with the same tax identification number for past-due obligations.	Will affect provider enrollment of DME and PCA. Will there be any other provider types that the DHC FP wants to impose these new screening procedures on?	Provider Support Fiscal Agent Sister Agencies	Update Chapter 100 Issue Procedure Memos and provider newsletter article	7/15/2010	In order to plan accordingly, which provider types will this apply to? Is there federal funding available for these screening procedures?		Jennifer	DHC FP is in compliance with screening requirements and has updated policy for enrollment and termination of providers.
10	6411	656	12/31/2010	SPA requires States to contract with a Recovery Audit Contractor (RAC)	SPA Updated RFP Increased volume of investigations and/or hearings May need additional DAG or hearings staff	SURS Hearings Accounting	RFP to be submitted for RAC services.  SURS Chapter change? Accounting for funding	NA	NA		Michelle	Actively seeking information regarding RAC and potential RFP

## DHC FP MANDATES

No.	Sect.	Pg.	Effective Date	Description	Issues	Involved Stakeholders	Action Items	CMS Clarification Request Date	CMS Clarification	Action Deadline	Responsible Person to Initiate Action	Follow up Date/Notes
11	6401	632	1/1/2011	DHHS Secretary may mandate moratoriums on those provider types considered to be 'high fraud risks'; e.g. DME PT33 Authorizes a temporary moratorium on enrollment of new providers and suppliers if determined necessary to prevent or combat fraud, waste or abuse (no requirement for Secretary to determine that beneficiary access will not be adversely affected, but states are not required to comply with any temporary moratorium if it would adversely impact Medicaid/CHIP beneficiary access to medical assistance).	Chapter 100 changes, web announcements	Provider Support Program Specialist Fiscal Agent	Chapter 100 and PM to fiscal agent	NA	NA	9/15/10- Schedule meeting with fiscal agent and program staff	Jennifer	Chapter Changes to MSM 100 are going through and will be completed (through Public Hearing) hopefully by March 2011
12	6401	638	1/1/2011	NPI's must be used on all claims	Update application Identify those providers not eligible to receive NPI Education of providers via web announcement Begin process of notifying current providers of regulation Coordinate with sister agencies	Provider Support Fiscal Agent	Update application Identify those providers not eligible to receive NPI Education of providers via web announcement Contact sister agencies	7/15/2010	Original clarification was requested on 7/15/10, however, since that time, it has been established that if the provider is eligible for an NPI, they must use it.	8/26/10-meeting with fiscal agent	Jennifer	Application changes implemented- no further action is required.
13	6411	657	1/1/2011	Annual report must be submitted to Congress on effectiveness of RAC	Additional report to be provided to the feds	SURS	Find out what information is required by the FEDS for the report	NA	NA	No action items at this time	Michelle	
14	6409/ 6401	658/ 634- 635	1/1/2011	Exclusion regulations: provider will be excluded if they have an unpaid debt, they have been excluded from Medicare or they have been excluded from Medicaid by another State agency. CMS will make available to States a list of all providers terminated from the Medicare program and other data matching repositories. States should not allow providers to be enrolled in their states Medicaid program if the provider has been terminated from another states Medicare/Medicaid Program.	Chapter 100 needs to be put into clearance by September for a December public hearing	Provider Support Fiscal Agent	Update Chapter 100 Issue Procedure Memos and provider newsletter article Create website to capture/display excluded providers	7/15/2010	Define unpaid overpayment.	9/15/10- discuss provider enrollment with fiscal agent to ensure these questions on the application are answered truthfully, develop internal controls to monitor. Get with IT staff for development of in-state exclusion website. Check with DAG to ensure exclusion is the appropriate term.	Jennifer	Chapter Changes to MSM 100 are going through and will be completed (through Public Hearing) hopefully by March 2011

DHCFP MANDATES

No.	Sect.	Pg.	Effective Date	Description	Issues	Involved Stakeholders	Action Items	CMS Clarification Request Date	CMS Clarification	Action Deadline	Responsible Person to Initiate Action	Follow up Date/Notes
15	6403	646-647	1/1/2011	DHHS to maintain a national health care fraud and abuse data collection program; State must have a system of reporting formal proceedings concluded against providers by a State licensing board and final adverse actions by a State law or fraud enforcement agency (page 646); State licensing or certification agency must report corrections (Page 647);	Will need to work with BHCQC and get a "system" in place.	Program Specialist BHCQC Provider Support Fiscal Agent	Contact BHCQC	7/15/2010	Define "system". Is this a computer system or procedure?		Jennifer	Provider Support Program Specialist developing a Nevada sanction/Exclusion website, however this provision applies to BHCQC, the licencing agency.
16	6104	593	3/23/2011	Changes to be made to cost reports; DHHS to categorize costs into functional accounts - Direct care services, Indirect case services, Capital assets, and Administrative costs	States will need to ensure facilities report information accurately	Accounting	Ensure Accounting is aware	NA	NA	12/7/10 Meeting scheduled with Accounting	Jennifer	
17	6401	629	3/23/2011	New providers must comply with new screening policies	Does the DHCFP want to expand the provider types who will need to conform to the new requirements?	Provider Support Program Specialist Fiscal Agent	Application changes, manual changes, Procedure Memos	7/15/2010	See #8		Jennifer	DHFCP has made sister agencies aware of new requirements. Health Division is pursuing grant opportunities for background checks, DHCFP is on track
18	6502	658	3/23/2011	Effective 3/23/2011, requires providers or suppliers enrolling or re-enrolling under Medicare, Medicaid, or CHIP to disclose any current or previous affiliation with a provider or supplier that has uncollected debt or with a person or entity that has been suspended or excluded under the program, subject to payment suspension, or has had its billing privileges revoked. Permits Secretary to deny enrollment if a previous affiliation poses an undue risk of fraud, waste or abuse.	Oversight, internal controls, and quality control	Provider Support Fiscal Agent	Update provider enrollment application	NA	NA		Jennifer	Application and policy changes implemented- no further action is required.
19	6402	643	10/1/2011	Increases Health Care Fraud and Abuse Control (HCFAC) funding by \$10 million each year for 10 years, and appropriates an additional \$250 million for FYs 2011-2016 for HCFAC. Permanently indexes amounts appropriated from the HCFAC Fund to HHS, OIG, the FBI, and the Medicare Integrity Program. For fiscal years after FY 2010, indexes Medicaid Integrity Program funding by CPI-U.	Unknown- will notify Accounting	Accounting	Unknown at this time	NA	NA	NA at this time until further clarification is received	Jennifer	

DHCFP MANDATES

No.	Sect.	Pg.	Effective Date	Description	Issues	Involved Stakeholders	Action Items	CMS Clarification Request Date	CMS Clarification	Action Deadline	Responsible Person to Initiate Action	Follow up Date/Notes
20	6401	631	3/23/2012	All existing providers must be screened as directed by the DHHS Secretary	If the provider types needing to be screened are expanded, Sister agencies are impacted by this as they do not currently have the funding available to support this.	Provider Support Sister Agencies Fiscal Agent	Internal DHCFP discussions	7/15/2010	See #8	8/30/10- Discuss internally with DHCFP, then schedule meeting with fiscal agent and sister agencies if applicable	Jennifer	DHFCP has made sister agencies aware of new requirements. Health Division is pursuing grant opportunities.
21	6402	644	3/1/2013	Requires Medicare and Medicaid Integrity Program contractors to submit performance statistics and requires the Secretary to conduct periodic evaluations of these contractors.	unknown	unknown	Unknown at this time	NA	NA	NA at this time until further clarification is received	NA	
22	6401	631	3/23/2013	Providers that enrolled in the Medicaid program between March 2010 and March 2011 must be screened as directed by DHHS Secretary	Coordination of re-enrollment	Provider Support Sister Agencies Fiscal Agent	Internal DHCFP discussions	7/15/2010	See #8	8/30/10- Discuss internally with DHCFP, then schedule meeting with fiscal agent and sister agencies if applicable	NA	DHFCP has made sister agencies aware of new requirements. Health Division is pursuing grant opportunities.
23	6401	630	UNK	\$500 application fee for providers wanting to enroll as an institution	How will this money be collected?	Provider Support Accounting Fiscal Agent	Manual needs to be updated, Meetings with Accounting, and Fiscal Agent	7/15/2010	How is this collected and where does the payment go? Specify timeframe.	12/7/10 Meeting scheduled with Accounting	Jennifer	
24	6401	631	UNK	Provisional enrollment allowed	Manual to be updated Who will provide oversight	Provider Support Program Specialist Fiscal Agent	Manual needs to be updated, Procedure Memos issue to MMA	7/15/2010	Is this for all provider types? Specify timeframe.	9/15/10- Meet with Program Staff then fiscal agent	Jennifer	manual is being revised and should go to Public Hearing the beginning of 2011
25	6401	633	UNK	State Plan Amendment for provider screening, oversight and reporting. Enhanced oversight for new providers	Additional staff in Provider Support may be required to provide fiscal agent oversight.	Provider Support Fiscal Agent	SPA Update	7/15/2010	Is a template going to be issued with the insertion point noted?	10/1/2010- Push issue with CMS re: updating State Plan to ensure it is done timely	Jennifer	Federal Regs have been published and staff and fiscal agent are working together to ensure efficient enrollment

DHCFP MANDATES

No.	Sect.	Pg.	Effective Date	Description	Issues	Involved Stakeholders	Action Items	CMS Clarification Request Date	CMS Clarification	Action Deadline	Responsible Person to Initiate Action	Follow up Date/Notes
26	6401	634	UNK	REPORTING OF ADVERSE PROVIDER ACTIONS to CMS- The State complies with the national system for reporting criminal and civil convictions, sanctions, negative licensure actions, and other adverse provider actions to the Secretary, through the Administrator of the Centers for Medicare & Medicaid Services, in accordance with regulations of the Secretary.	Would all recoupment's be considered an 'adverse action'?	Provider Support BHCQC SURS	Discuss internally and then with BHCQC to understand demarcation of responsibility.	7/15/2010	Define "adverse actions".	9/30/2010- Schedule meetings with DHCFP and BHCQC	Jennifer	DHCFP has established an OIG contact to report to. Met with BHCQC- they report all adverse actions. Also have had talks with Joseph Greenway and MCAC to discuss the recoupment of monies paid on "never events".
27	1128J	639	UNK	Withholding of FMAP if states fail to report timely in the Medicaid Statistical Information system	Who will report?	MCO Contractor(?) Accounting	Schedule meeting	7/15/2010	What is the definition of "timely"?	9/15/2010- Work with IT staff to clarify who is responsible for updating MSIS.	Jennifer	IT is aware of the MSIS requirements
28	1128J	639	UNK	Permissive exclusion for providers making false statements on any application.	Who is checking the validity of the statements on the application?	Provider Support Fiscal Agent	Policy needs to be created; chapter 100 updated, website created and web announcements issued.	NA	NA		Jennifer	Policy is being updated to allow permissive exclusions. Provider Support has also started a Quality Assurance initiative that will randomly screen provider applications, terminations, etc.
29	1128J	642	UNK	Appears to penalize the state if we fail to suspend payments while a provider is under investigation	Do we need to institute legislation, change policy in MSM 100 or 1000? Create a new form?	DAG SURS Compliance Chief	Once	7/15/2010	What is considered an 'investigation' - only the cases referred to MFCU or any activity performed by SURS?		Michelle	SUR's and Provider Support are working together to get a suspension process. For now, it looks as if payment suspensions will go out through SURS. Also working with fiscal agent to ensure proper cash handling.

## DHCFCP MANDATES

No.	Sect.	Pg.	Effective Date	Description	Issues	Involved Stakeholders	Action Items	CMS Clarification Request Date	CMS Clarification	Action Deadline	Responsible Person to Initiate Action	Follow up Date/Notes
30	6201	606	UNK	State must guarantee, with respect to the costs incurred by the State in carrying out the nationwide program, that the State will make a particular amount of non-Federal contributions as a condition for receiving Federal Match payments. DHHS will make payments three times the amount that state the guarantees (not to exceed \$3M for newly participating states and \$1.5M for previous State participants)	Do we need funding?	Accounting Provider Support	Unknown at this time	NA	NA		Jennifer	After further clarificaiton, this is for a grant opportunity- no action required
31	6401	633	UNK	Requires providers and suppliers “within a particular industry sector or category” to establish a compliance program to reduce waste, fraud and abuse. The Secretary must specify the core elements of such compliance program. The Secretary must develop an implementation timeline.	Who will monitor?	Provider Support Program Specialist Fiscal Agent	Identify those providers that must establish the compliance program. Nothing can be done until the feds provide clarification	NA	NA	Will schedule meeting with Fiscal Agent and internal DHCFCP to identify providers.	Jennifer	
32	6402	635	UNK	Requires CMS to complete development of a comprehensive Integrated Data Repository (expands program data sources and data sharing/matching across Federal programs, for the purpose of identifying potential fraud, waste and abuse under Medicare and Medicaid). Authorizes the OIG and the Attorney General to access Medicare, Medicaid and CHIP claims and payment data for purposes of conducting law enforcement and oversight activities.	Who will monitor? How do we allow claims data access to OIG and Attorney General	Provider Support Program Specialist Fiscal Agent	Establish access to the Integrated Data Repository once it is functional	NA	NA	NA at this time until further clarification is received	NA	
33	6402	637	UNK	Requires prompt reporting and repayment of identified Medicare and Medicaid overpayments. The deadline for repayment is the later of (1) the date which is 60 days after the date on which the overpayment was identified or (2) the date any corresponding cost report is due, if applicable.	If this affects the repayment of FMAP, do we need to change o our internal process	Accounting SURS	Discussion between SURS and Accounting	NA	NA	9/30/2010- set up meeting with Accounting	Jennifer	